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RESEARCH

Estratégias de cuidado desenvolvidas no CAPS infantil: concepções de familiares e profissionais

Care strategies developed in child CAPS: concepts of families and professionals

Estrategias de cuidado desarrolladas en CAPS infantil: conceptos de la familia y los profesionales

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ABSTRACT

Objectives: verifying the types of mental disorders that most affect teachers treated in a service of medical expertise. **Method**: a retrospective study of documental nature with a quantitative approach developed in a Higher Education Institution of João Pessoa city – PB. The sample was composed of 254 sheets of teachers treated in a service of medical expertise of the institution selected for the study, in the period from January to 1999 to March 2011. Data obtained were analyzed through frequency and percentage. **Results**: almost all the sample was composed of female teachers, aged between 40 and 49, and depression was responsible for 52% absenteeism of teachers, followed by schizophrenia (12%), bipolar disorder (10%), acute reaction to stress (8%), anxiety (7%), delusional disorder (4%), and others (8%). **Conclusion**: the mental disorder that most affects the searched teacher category is depression. Therefore, further investigations are needed that can analyze the severity of this problematic pathology in academic area. **Descriptors:** Teacher; Mental Health; Professional Diseases.

RESUMO

Objetivos: identificar os transtornos mentais que mais provocam afastamento de docentes em uma instituição de ensino superior. **Método:** um estudo retrospectivo de natureza documental desenvolvido em instituição de ensino superior do município de João Pessoa – PB. A amostra foi constituída por 254 fichas de docentes atendidos em um serviço de perícia médica da instituição selecionada para o estudo. Os dados obtidos foram analisados quantitativamente por frequência e percentual. **Resultados:** quase toda a amostra foi composta por docentes do sexo feminino, com faixa etária entre 40 e 49 anos, e a depressão foi responsável por 53% dos afastamentos de professores, a esquizofrenia (12%), o transtorno bipolar (10%), a reação aguda ao estresse (8%), a ansiedade (7%), os transtornos delirantes (4%) e outros (8%). **Conclusão:** o transtorno mental que mais acomete a categoria docente pesquisada é a depressão. Portanto, são necessárias novas investigações que possam analisar a gravidade dessa problemática. **Descritores:** Saúde mental, Docentes, Doenças Profissionais.

RESUMEN

Objetivos: Determinar los tipos de trastornos mentales que involucran a más profesores en un departamento de expertos médicos. **Métodos:** Estudio retrospectivo de carácter documental con un enfoque cuantitativo, desarrollado en la institución de educación superior de la ciudad de João Pessoa - PB. La muestra estuvo constituida por 254 profesores fichas en un departamento de personal médico de la institución seleccionada para el estudio entre enero de 1999 marzo de 2011. Los datos se analizaron por frecuencia y porcentaje. **Resultados:** Casi la totalidad de la muestra consistió de maestras, de edades comprendidas entre los 40 y los 49 años, y la depresión representó el 52% del absentismo de los docentes, seguido por la esquizofrenia (12%), trastorno bipolar (10%), reacción aguda al estrés (8%), ansiedad (7%), trastornos delirantes (4%) y otros (8%). **Conclusión:** El trastorno mental que afecta a la categoría más buscado está enseñando la depresión. Por lo tanto, se necesitan más investigaciones que puedan analizar la gravedad de este problema en el ámbito académico patología. **Descriptores:** Profesor, Salud Mental, Profesionales de Enfermedades.

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INTRODUTION

The psychiatric care in Brazil remained until the 1970s, with its history tainted by the lack of assistance practices, precarious care; overcrowded institutions also relied on exclusion, neglect and violence facing people in psychological distress, characterized by actions for marketing madness and loss of identity of users of services, guided by the hospital-centered model of care.

Only the late 70s, inspired by the social movements in European countries in favor of reformulating actions in mental health and the discussions on the Brazilian Health Reform, is to see to emerge in Brazil, movements for political restructuring and care practices aimed at improving mental health[1].

Psychiatric Reform in Brazil begin from the Workers' Mental Health Movement (MTSM) that carried in the cradle of their revolt, the desire to change, improvements in care, quality of services and to ensure the rights of people with mental suffering. The MTSM consisted of "different social actors": students, intellectuals, and relatives of people in psychological distress, users, professionals, among others, giving effective start from complaints, the struggle for a more qualified care, based on human rights[2].

The psychiatric reform is also supported in the deinstitutionalization proposal, ie the search for the displacement of care practices in hospitals for services developed in the community. This resulted in the deactivation and closing of psychiatric hospitals in favor of replacing the services from the creation of new paradigms for mental health. Psychosocial Care Centers (CAPS), Therapeutic Residences and Psychosocial Assistance Centers (NAPS), are examples of mental health services now constitute the network care in Brazilian municipalities and states and has as main objectives to ensure citizenship rights and humanized care , aiming rehabilitation and social reintegration.

The CAPS are regulated by Ordinance nº 336/GM of 19 February 2002 and are integrated into the network of open services, linked to the Unified Health System (SUS), configured as a strategic substitute device for the reversal of the hospital model. These centers are structured in a decentralized network, municipalized and multidisciplinary and interdisciplinary, promoting mental health and social and family integration, users [3].

CAPS have the function of providing clinical care and daily care to patients in psychological distress in an attempt to promote the rehabilitation and reintegration of this community, helping them to exercise their rights as citizens. The psychosocial care network is established according to the size of each municipality and need for attention, and you may have CAPS types I, II, III, directed to the care of adults persons with severe and persistent mental disorders, as well as the CAPS ad for service to users of alcohol and other drugs and CAPSi for children's care[4].

Some Ministry of Health data are warning about the care of children and adolescents, by revealing that in Brazil 10% to 20% of this population is in psychological distress and from this percentage, 3% to 4% need full care of intensively[5]. This data has raised concern

professionals and managers about the deficiencies involving the care of children and adolescents, especially regarding the formulation of public policies consistent and systematic studies with intuited of base new shares and care strategies.

Thus, from 2002, CAPSi began to be decentralized to several municipalities in order to provide specialized care to children and adolescents from 0 to 17 years old of age, diagnosed with severe and persistent mental disorders. This service works 40 hours a week and has a multi and interdisciplinary team to meet the mental health needs of the territory in which it appears[6].

The proposed operation of the Center (CAPSi) don't keep based only on the pharmacological support, but also encompasses strategies and arrangements for guided treatment in therapeutic workshops, lucid activities for humanized support, interdisciplinary team and actions involving crafts, painting, drawing, dance and physical activity in order to provide and build a welcoming space of coexistence and integration of children with the social environment in which they operate.

Therapeutic activities in CAPSi can bring many benefits to the intellectual and interpersonal development of users, with the objective of socialization, solidarity and citizenship, providing emotional and cognitive development by encouraging the construction of individuality, self-esteem and self-awareness[7].

Thus, the relevance of this study is the ability to identify new care strategies developed with children in psychological distress in order to assist family members and health professionals in the management of these actions, which are geared to the needs presented by each child, enabling the construction of new tools that enable the individual insertion and in groups, increased cognitive ability and autonomy.

Thus, to guide the development of the following research questions were developed: What are the strategies of care developed with children in mental distress, linked to the Psychosocial Care Center Child? What is the concept of family and professional care about these devices?

It was resolved then: identifying the care strategies developed with children in mental distress, linked to the Children's Psychosocial Care Center (CAPSi) and; describing the design of family and work on these devices used in the care of children's health.

METHOD

This is a comprehensive research, interpretive, qualitative approach, conducted in the city of Campina Grande - PB. In that city work two CAPS juvenile: the CAPSinho and CAPSi Viva People and the study developed in CAPSinho (Campina Grande Center for Early Intervention), founded in 2006 with the main objective guided the provision of specialized care to children and adolescents 0-14 years of age in social risk and serious state of psychological distress. Site selection was made because of health service be reference to health and children's mental health in the state of Paraíba.

At the time of research, CAPSinho had 247 members in attendance, male and female. It consisted of an interdisciplinary team of psychologists, nurses, social workers, educators, physiotherapists, pediatrician and neurologist.

The research population consisted of health professionals and family members of children who attended the service, and the sample consists of five top-level professionals, who developed therapeutic strategies with the children, as well as five family members who participate in these actions. Therefore, it followed by the inclusion criteria: Health professionals who worked more than a year in CAPSinho and develop care strategies with the children and families of children accompanied by the health team of CAPSinho 1 year ago. In this case, those who fit these criteria were considered potential subjects, selected those who agreed to participate voluntarily research by signing the Informed Consent (IC).

Interviews were conducted with ten participants, with five professional and five family members. So, the five relatives interviewed were three mothers, a grandmother and a father, while the five professionals involved, counted by two psychologists, one nurse, one physical therapist and an educator.

During the interviews, among the questions, it was found that the average professional working time is 2-7 years in the service, and they were aged around 25-50.

With regard to the families of children, we have that, caregivers ranged in age from 30 to 60 years old, marital status presenting variance between single and married, with schooling between elementary and high. The estimated time of childcare, by professionals of that CAPSinho, ranged from one to five years.

The collection of material was performed using semi-structured interviews, from a script consisting of subjective questions in order to achieve the proposed objectives. Interviews were conducted in previously established own schedule service between researchers, practitioners and family.

To guarantee anonymity of volunteers, professionals have been identified with the letter P and the family with the letter F, followed by the corresponding number of each interview.

The treatment of the material was performed by Content Analysis[8], establishing the following steps: Pre-analysis, exploration of the material or coding, categorization and treatment of the results. The pre-analysis was the organization of the material; readings were taken and selected descriptors. On the farm or coding of the material was made transcribing the interviews and groups in records of units, and an exact description of the relevant characteristics to the content. In the categorization themes were built and subsequently the treatment of the results, with the interpretation of the relevant literature based material.

Preliminarily, calls out that research involving human subjects must meet the fundamental scientific and ethical requirements listed by Resolution no. 466/12 of the National Health Council and to the development of this study became necessary submission and approval of the Ethics Committee of the Federal University of Campina Grande - CEP/UFCG under number CAAE: 1592213.2.0000.5182.

RESULTS

In order to meet the intended purposes, was established the following category: "A therapeutic watercolor": The care strategies used in CAPSinho.

"A Therapeutic Watercolor": Care strategies used in CAPSinho

The testimonies of the professionals interviewed pointed out the importance of early intervention, since this practice allows the conduction of key activities to aid in the development of the senses, affectivity, and language, motor skills of children, resulting in the improvement of their relationship with them, with the other and with the group.

The care strategies undertaken under CAPSinho seek to promote different and unique moment, such as games; from music; the storytelling; the perceptual and sensory stimuli; body awareness and listening, thus promoting the psychosocial development. On the other hand, in the field of psychosocial care, there are also spaces for the support/ family care, a space called Family Group, as can be seen in the following report:

> *[...] as strategies of care, we have the family group, the home visits, the Group of medications and the workshops [...] Sensory integration workshop, workshop of sensory stimulation, educational workshop, operating group, toy group, workshop of songs and tales, [...]. (**P1**)*

> *The strategies of care used in CAPSinho are: family group, individual and family care [...] the doctor meets here, both the pediatrician and neurologist and we have a group of medication also where the social worker who makes this monitoring [...]. In the case of workshops [...] we first makes a host workshop where everyone welcomes the child and assesses its profile [...] then we forwards to treatment workshop where the child begins to start treatment ... so are various types of shop by age and difficulties.(**P2**)*

After meeting the care strategies developed in CAPSinho and exploring the benefits arising from these practices in accordance with the existing literature, it became important to know the design of professionals and families about the importance of these treatments, as follows:

> I think interesting care practices, are used for cognitive development, [...] matter of group behavior, behavior in question, a matter of social behavior. So we work rules and limits, we work all this in the workshops. (P3)

> *[...] for a proposal for a CAPS is great! [...] because the proposed CAPS is just that: the individual care for those patients in need and attendance in group for those children who have difficulty in socialization or being in the group the family because you don't work*

> *the child without working with the family and visits are also important because in some cases we need to see the family dynamics, as it is the child at home, sometimes the child also is missing for some reason. We make a visit aiming to rescue that kid [...] (P4)*

It was noticed that the family also note the importance of these practices and refer positively to the change in behavior of children involved in such activities, as shown in the following statements:

> *Is ... I like it! She's more developed. Before she didn't really know the colors and today she knows more. She developed long after she came here at CAPSinho. (F1)*

> *[...] I like the care he has! But I still think little. It should have more! More toys, more space to interact. (F2)*

> *The only trouble is you need an audiologist that here does not yet have. (F3)*

DISCUSSION

The reports emphasize the importance of the presence of the interdisciplinary team in CAPS, as well as concern for the differentiation of treatment and follow-up taking into account the age of the children and the intellectual and cognitive difficulties presented by them, still relying on family involvement, as form of support, comfort and encouragement.

The effective realization of the individual therapeutic project in psychosocial care services depends on the effective participation of the family as a source of support for the person/child in psychological distress in order to contribute significantly in care practices, learning ways of managing, encouraging membership treatment, as well as providing attention, care and love[9].

Family participation translates as a guarantee for continuity of care, and therefore should be emphasized the frequency of caregivers relatives in meetings/ family groups, allowing the construction of links and a triangular relationship of exchange between the family group, users and staff. Thus, the wealth of the moment is the possibility to share experiences and find mutual support[10].

For such, the development of activities for families is guided primarily in the perception of wear and emotional overload that permeates the routine of caregivers, enabling the risk of mental illness. Thus, the health team needs to work together with the family, not only to obtain or pass on information about the children, but to provide support for the family.

According to the accounts of participants, in addition to the family group, there are other strategies worked in CAPSinho, whose main objective is to promote cognitive

development and socialization of children in psychological distress, such as the practice of sensory stimulation.

The sensory stimulation as a therapeutic tool allows children to express their feelings and sensations, freely and spontaneously, causing them to enter the core of their relationship with you and the world, promoting the development of sensory channels integrated into the feelings and can be made through activities with toys, music, dance, within others[11].

The sensory stimulation through toys, these have been used as recreational and therapeutic tools, since the play is part of the universe of children, and thus may help in its psychic, mental and social development. In play, children can exhibit behaviors suggestive of mental suffering as destructive behaviors and reactions and social withdrawal, which in fact allows the professional perception and knowledge of the particular universe that child lives, identifying their limitations, difficulties, anxieties and as their interests to create possibilities for intervention[12].

Therefore, based on the knowledge acquired about the benefits obtained from the therapeutic workshops, there is the formation of emotional ties, built in jokes inserted into the fantasy world of illusion and imagination that the child lives in the midst of their reality, considering fundamental broadening the concept and practice of playing to cause the child to symbolize all its pleasure and psychic suffering through these activities.

In association with stimulation through play, music has also been used as a care strategy in mental health. The musical stimulus produces "neuropsychophysiological" reactions, specific and important in the learning process that occurs in the child's nervous system development period and will accompany him throughout his life. Sound perception and music are present from the prenatal period and undergo constant transformation through experiences that are acquired in early childhood until they reach school age[13].

In this case, the music as care practice provides various sensations in the human body, acting to improve the quality of life and also contributing to the learning process and interaction[14]. This additional care may be able to change attitudes and behaviors, states of mind and, above all, interpersonal relations[15].

The music also acts as a springboard for the development of self-esteem, with techniques to facilitate and promote communication, learning, mobilization, expression, organization and other relevant therapeutic objectives in order to meet the physical, emotional, mental, social cognitive and children[16].

In another aspect highlighted by the professionals during the interview, the existence of "medication group" deserves attention. The formation of this group allows for communication between the child and family service professionals for information and exposure questions mainly about dosage, expected and adverse reactions, among other important factors relating to medicines used to treat the child. Some authors[17], highlight the importance of exchange of information, especially regarding the optimization of therapeutic procedures and the promotion of accession, with the consequent improvement of the treatment efficiency and risk reduction.

Although the vast majority of professionals have cited the formation of groups and workshops as main care strategies, only a professional talked about the child-friendly and family in the service, as a care strategy. The practice of host is characterized by a set of activities involving active listening, problem identification and planning and actions and

resolving interventions to face the suffering, able also to expand the possibilities of action of staff in response to demand from users in the service ascribed[18].

The host is a peculiar and decisive moment for the treatment, it is a rich intervention tool based on qualified listening and training of reliability links between professionals, child and family, ensuring access to health services through actions of accountability and resolution[19].

The host in its potential can be considered able to break the vertical relationships, promoting changes in the professional work process, becoming a tool that will create a network of trust and solidarity between users, among professionals of a team between staff and users. For the higher the professional commitment to the user, the greater the convergence of work processes in services by taking care of the team, user and family[20].

In this case, taking into account the difficulty of socializing by children in psychological distress, reiterates the effectiveness and applicability of care strategies of development that can ensure the improvement of interpersonal relations and the promotion of socialization[20]. Thus, care practices value, above all, the bond formation and the enhancement of the individual subjectivity, considering it as a being expressive, creative, playful, social, and able to develop functionally for greater independence within their means.

Care strategies used in the mental health services are mainly developed by the flexibility of operation and high possibility of intervention, through actions that promote favorable attitudes to behavior change and improvement in cognitive and social aspects. In this case, the child CAPS, these strategies have great impact in the proposal that makes up the comprehensive care because it involves social, psychological and cognitive spheres, developing aspects related to logical thinking, language, perception and memory[21].

The main goal of care practices are aimed at improving and qualification of care and management, for the advancement in treating children, because aid work and family in the formation of reliability of links[22].

The behavioral change through play is becoming something present and indispensable in the treatment of children in psychological distress, due to its functionality as proposal complementary drug therapies, contributing in ways different in the development of each child, taking into account age, special needs and skills[23].

As professionals, family members are aware of the benefits of using toys as therapeutic tools, and understand that besides being a basic need of the child, its cognitive improvements and opportunity for learning and developing its skills.

One relative reported that the difficulty presented regarding care strategy is the absence of speech professional. Speech therapy activities in CAPSi is of paramount importance for the development of oral and written communication, speech and hearing children and cognitive stimulation always considering the prevention and treatment of language alterations.

It is noteworthy also that difficulty in establishing a diverse multidisciplinary team is not unique to mental health services. Professional, more specific action, do often disregarded, not know the extent of this professional, but also to decrease spending budgets with human resources.

Even with the difficulties pointed out, it was observed that the study participants recognized that the care process and establishment of link relationships between work,

family and child is essential for membership, maintenance and success of the treatment, as well as monitoring their children in the service, family caregivers can continue the experiences of the services in their household.

CONCLUSION

The care strategies covered in this study are some of the various practices used in substitutive services to the psychiatric hospital that promote citizenship to children in psychological distress, above all, the possibility of effecting social reintegration of children within the family and community life.

In this respect, the strategies of care present as tools that should be associated with drug therapy, because collaborate meet the biopsychosocial needs of the subject and provide a rescue and / or development of autonomy. However, for the applicability and effectiveness of the practices are achieved is needed the collaboration of family caregivers and horizontal communication between them and the health professionals who make up the team.

Considering this need, there was the concern of professionals regarding the minimum participation of family, given that the family by stopping most of the time in contact with the children, it is essential in the provision of care and support in the rehabilitation and social and cognitive development.

Therefore, the development of these care practices require a more comprehensive achievement, with effective monitoring, which is essential to include more specialized professionals to occur quality work and aim as: increased self-esteem, socialization, reducing anxiety , improvement of memory and motor skills, reduction of psychotic episodes, among others are achieved.

Thus, it was observed that the care strategies used in CAPSinho, despite the obstacles encountered, can promote significant changes in the behavior of children involved in activities, contributing positively to the strengthening of ties and social reintegration.

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